

I strongly support adopting a 3 digit number specifically for individuals at risk of suicide. It should be linked to the existing National Suicide Prevention Lifeline (Lifeline) network and provide the necessary financial support for its implementation and increased call volume.

It should be the Lifeline using 611 or 988: The skills and oversight needed to help callers at risk of suicide (and concerned loved ones) are extremely different than those needed to provide linkage to food, shelter, legal aid, etc. The Lifeline requires members to be accredited in suicide prevention, requires specific staff training in suicide assessment and safety planning and research has shown that the protocols Lifeline counselors must follow are effective in reducing distress and suicidality. Additionally, data from all Lifeline members routinely is used for quality assurance and, Lifeline members are part of a linked system that ensures that calls roll over to a back-up line when the "home" line is maxed out or down.

I strongly feel it should not be 211, because not all 211 lines are up 24/7, 365 days a year. Only 25% of 211 lines are members of the Lifeline network. Callers reaching the other 75% would not receive adequate care. In 2012, the U.S. Steering Committee (United Way – AIRS) report, Transitioning 2-1-1 for a sustainable future noted a number of challenges with 211 lines. Furthermore, no administrative body oversees all 211 lines, 211 is for external needs, not psychological needs; only 7 % were categorized as mental health calls.

I am requesting that you please consider the negative impact allocating 211 for callers needing immediate assistance for mentally ill or suicidal family members and love ones could have if staff answering the phone are not properly trained to understand the importance of how to handle these calls.